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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	047000003		CITY OR TOWN GRE	ENFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	A VILLAGE PIZZA			
ADDRESS 42 BANK				
CITY/TOWN: GRE	ENFIELD	STATE: MA	ZIP CODE: 0130)1
MANAGER: GIOU	LES, BETTY TYI	PE OF LICENSE: Re	estaurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR H	EMAIL ADDRESS	
DESCRIPTION OF L			NACE COLDUEED AT MA	CHEN
ONE FLOOR DINING CELLAR FOR STOR			RVICE COUNTER AT KIT	CHEN,
I hereby certify and sv	wear under penalties	s of perjury that:		
•	-		e same premises now license	ed;
2. the license	e has complied with	all laws of the Com	monwealth relating to taxes	; and
	•	business (If not exp	•	,
SIGNED BY				
SIGINED B I	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENT	TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signed	by the building ins	spector and the hea	ne certificate required by 0 ad of the fire department fo urance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)			
				 ,
DATE.				
DATE:				



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LICENSE NUMBER: 047000004	•	CITY OR TOWN GREENFIELD	D
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013	}
	CLASS	YI	EAR
LICENSEE NAME: K. J. ENTE	ERPRISES, INC		
DOING BUSINESS A THE VIC	TORIA BAR		
ADDRESS 4 CHAPMAN ST.			
CITY/TOWN: GREENFIELD	STATE: MA	ZIP CODE: 01301	
MANAGER: GRAZICK, ROBERT	TYPE OF LICENSE: Re	estaurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
		OMS CONSISTING OF KITCHEN, ELLAR AND ANTE ROOM USED	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	e same premises now licensed;	
2. the licensee has compl	ied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now of	open for business (If not expl	lain below)	
SIGNED BY Individual,	Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION	N NUMBER:
		(Note: NOT Individual Social Secu	rity Number)
Acts of 2004, signed by the buil	ding inspector and the hea	ne certificate required by Chapter and of the fire department for the aburance required by Chapter 116 of	ove
Please Check Below:		LOCAL LICENSING AUTHOR	ITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUI	MBER: 047000005		CITY OR TOWN GREEN	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: SMITTY'S P	UB INC.		
DOING BUSIN	NESS A			
ADDRESS 26	CHAPMAN ST.			
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE: 01301	
MANAGER:	SMITH, MICHELLE S.	TYPE OF LICENSE: Res	taurant CATEGORY	7: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
		LEVEL HAS ONE ROOM FOR STORAGE AND OF	I FOR BAR & SERVICE ANI FICE	O A
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	d with all laws of the Comn	nonwealth relating to taxes; and	d
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corpo	rate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	ii Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				



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LICENSE NUMBER	R: 047000006		CITY OR TOWN	GREENFII	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GREENFIELD LO	ODGE #1296 B.P.O.I	E. INC.		
DOING BUSINESS	A				
ADDRESS 3 CHUR	CH STREET				
CITY/TOWN: GRI	EENFIELD	STATE: MA	ZIP CODE:	01301	
MANAGER: CLA L.	RK, WESLEY TY	PE OF LICENSE: Cl	ub C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
FIRST FLOOR- 6 R ROOM	OOMS, CLUB AND	D BAR AREA. 2ND 1	FLR; 2 ROOMS, LC	DGE MEET	ING
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises now	licensed;	
2. the licens	ee has complied with	h all laws of the Com	monwealth relating t	to taxes; and	
3. the premi	ses are now open for	r business (If not expl	ain below)		
SIGNED BY			O SC		
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:			EN FOLONO		
DATE.	TELEPHON	NE NUMBER:			FION NUMBER: Security Number)
			•		,
Acts of 2004, signed	d by the building in	e in possession (1) the aspector and the hea f liquor liability insu	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aın)		-		
DATE:					



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LICENSE NUMBE	R: 047000009		CITY OR TOWN G	REENFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	GREENFIELD	GRILLE LLC		
DOING BUSINESS	Α			
ADDRESS 30-44 F	EDERAL ST			
CITY/TOWN: GR	EENFIELD	STATE: MA	ZIP CODE: 0	1301
MANAGER: POII A.,S		YPE OF LICENSE:R	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
ONE-STORY BUIL SERVICE BARS, B			T WITH THREE ROOM	S, TWO FULL-
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renew	ved license will be	of the same type for th	e same premises now lice	nsed;
2. the licens	see has complied w	ith all laws of the Con	nmonwealth relating to tax	xes; and
3. the premi	ises are now open f	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Partr	ner or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER:
			(Note. NOT individu	nal Social Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	he certificate required b ad of the fire departmen urance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	3 AUTHORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved expl	am)			
			-	
DATE:				



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LICENSE NU	MBER: 047000010		CITY OR TOWN	GREENFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: M.A.D.D. FR	ESH, LLC		
DOING BUSI	NESS A DROP ZON	ΙE		
ADDRESS 10	FISKE AVE.			
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE:	01301
MANAGER:	JOHNSON, MAUREEN L.	TYPE OF LICENSE: C	General on CA remise	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
basement level	of a two story building	ng		
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now l	icensed;
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating to	taxes; and
3. the	premises are now ope	en for business (If not ex	plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEP	PHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004,	signed by the buildi	ve are in possession (1) or ng inspector and the he ate of liquor liability in	ad of the fire departm	
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)		-	
				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 047000	0013	CITY OR TOWN GREENF	IELD
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: A Bott	le of Bread, Inc		
DOING BUSINESS A Hope	and Olive		
ADDRESS 44 HOPE ST.			
CITY/TOWN: GREENFIEL	D STATE: MA	A ZIP CODE: 01301	
MANAGER: Zaccara, James	es J. TYPE OF LICENSE:	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
2 story bldg with dining of 1s storage	t floor, function hall and stage	on 2nd flr; bars on both floors, bas	sement for
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for t	he same premises now licensed;	
2. the licensee has co	mplied with all laws of the Con	mmonwealth relating to taxes; and	
3. the premises are no	ow open for business (If not ex	plain below)	
SIGNED BY	lual, Partner or Authorized Cor	morata Officar	
HIGIVIC	idal, I arther of Addiorized Col	porate Officer	
DATE:		EMPLOYER IDENTIFICA	TION NUMBED
	ΓELEPHONE NUMBER:	(Note: NOT Individual Social	
		the certificate required by Chap ead of the fire department for th	
		surance required by Chapter 11	
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:		·	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	R: 047000014		CIT	TY OR TOWN	GREENFIE	ELD
APPLICATION FOI	R RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 7 LEGIO		N POST #81 /	AM.LEG.I	DEPT.OF MA.		
CITY/TOWN: GRI		STATE:	MA	ZIP CODE:	01301	
	IS, DAVID E. TYP				CATEGORY:	All Alcohol
EMAIL ADDRESS:	•				CATEGORI.	
DESCRIPTION OF	LICENSED PREMIS	ES:				
TWO STORY BLDG	G; FIRST FLOOR HA	S LOUNGE,	SECOND	FLOOR HAS	CLUB ROOM	1S
 the renew the licens 	wear under penalties of the dicense will be of the dicense will be of the dicense with a ses are now open for the dicense are now op	he same type f all laws of the	or the sam Commony	vealth relating		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspect (2) the certificate of 1	pector and the	e head of t	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		L. B -	OCAL LICEN y:	SING AUTHO	ORITY
DATE:			_			
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING	THE MONTH	I OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047000015	(CITY OR TOWN	GREENFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: RED SKIES HOLDOING BUSINESS A THE RED DOC ADDRESS 4 AMES STREET				
CITY/TOWN: GREENFIELD	STATE: MA	ZIP CODE:	01301	
	YPE OF LICENSE: Gene prem	eral on CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM SINGLE STORY, FIRST FLOOR, 1200 BAR. TWO BATHROOMS		OR PLAN, TWO B	OOTHS ANI	D ONE
the renewed license will be o the licensee has complied wit the premises are now open for SIGNED BY Individual, Partner	th all laws of the Commo	onwealth relating to n below)		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	certificate require of the fire departr	ed by Chapte nent for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NU	MBER: 047000016		CITY OR TOWN	GREENFIELD		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NA	AME: CGG MAIN ST	REET LLC				
DOING BUSI	NESS A MAIN STREE	ET BAR & GRILLE				
ADDRESS 94	-96 MAIN ST.					
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE:	01301		
MANAGER:	GUEVIN- GURNEY, CHRISTINA	ГҮРЕ OF LICENSE: G рі	General on Caremise	ATEGORY: All Alcohol		
EMAIL ADDF	RESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
	N OF LICENSED PRE					
STREET FLO	OR LOCATION WITH	THREE CONNECTI	NG DINING AREAS	WITH CELLAR		
I hereby certify	and swear under penal	ties of perjury that:				
1. the	renewed license will be	of the same type for th	ne same premises now	licensed;		
2. the	licensee has complied v	vith all laws of the Con	nmonwealth relating t	o taxes; and		
3. the	premises are now open	for business (If not exp	plain below)			
SIGNED BY	Individual, Part	tner or Authorized Cor	porate Officer			
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:		
			(Note: NOT Inc	(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the building	inspector and the he	ad of the fire depart			
named license of 2010.	e and (2) the certificate	e of liquor liability ins	surance required by	Chapter 116 of the Acts		
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY		
APPROVED:			By:			
DISAPPROVI						
(If disapproved	i expiain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 047000017		CITY OR TO	WN GREENFI	ELD
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	E: TAYLOR'S TAVERN	N INC.			
DOING BUSINESS	S A				
ADDRESS 238 MA	AIN ST.				
CITY/TOWN: GR	REENFIELD	STATE: MA	ZIP COD	E: 01301	
	NOGHUE, TYPE ARK S.	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISES	S:			
UNITS 3 AND 4 O CHAPMAN ST,AL	F TAYLOR BLOCK WI LSO UNIT 1	TH ENTRANC	E FROM MAIN	ST AND EXIT F	FROM
I hereby certify and	swear under penalties of	perjury that:			
1. the rene	wed license will be of the	e same type for t	he same premises	s now licensed;	
2. the licen	nsee has complied with al	l laws of the Co	mmonwealth rela	ting to taxes; and	
3. the pren	nises are now open for bu	siness (If not ex	plain below)		
SIGNED BY					
	Individual, Partner or	Authorized Co	rporate Officer		
DATE:	TELEPHONE 1	NUMBER:		OYER IDENTIFICA	
			(Note: NC	<u>OT</u> Individual Social	Security Number)
Acts of 2004, sign	ed, attest that we are in ed by the building inspe d (2) the certificate of lic	ector and the h	ead of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/000019		CITY OR TO	WN GREENFII	ELD
APPLICATION FOR R	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: \	WHITE MEADO	WS LLC			
DOING BUSINESS A	MEADOWS GO	OLF COURSE			
ADDRESS 398 DEERI	FIELD ST				
CITY/TOWN: GREE	NFIELD	STATE: MA	ZIP CODI	E: 01301	
MANAGER: WHITE	E, TERRI A. TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
ONE -STORY RESTA' BUILDING IS FOR RE					
ROOM. ADDITIONAL					KLK
I hereby certify and swe	ear under penaltie	es of perjury that:			
1. the renewed	license will be o	f the same type for the	same premises	now licensed;	
2. the licensee	has complied wit	th all laws of the Com	monwealth relat	ing to taxes; and	
3. the premises	are now open fo	or business (If not expl	ain below)		
SIGNED BY		A 41 : 10	. 0.55		
1	ndividual, Partne	er or Authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPHO	NE NUMBER:		OYER IDENTIFICAT f T Individual Social S	
			(110te: <u>110</u>		security (variable)
We the undersigned,					
Acts of 2004, signed be named license and (2)					
of 2010.	the certificate (nquor nuomity mse	runce required	r by Chapter 110	of the field
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					
DITIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:047000020		CITY OR TOWN	GREENFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	APPLE NEW I	ENGLAND LLC		
DOING BUSINESS A	A APPLEBEE'S	S NEIGHBORHOOD G	RILL & BAR	
ADDRESS 141 MOH	HAWK TRAIL			
CITY/TOWN: GRE	ENFIELD	STATE: MA	ZIP CODE:	01301
MANAGER: MCM ROBE		TYPE OF LICENSE: Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
P	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	MAIL ADDRESS	
DESCRIPTION OF L	LICENSED PRE	EMISES:		
KITCHEN, DINING	ROOM, BAR A	ONTAINING APPROX IND LOUNGE AREA. S ENTRY/EXIT. HANDIC	SEATS 198. FRONT EN	NT AND EXIT,
I hereby certify and sv	wear under pena	lties of perjury that:		
1. the renewe	ed license will be	e of the same type for the	e same premises now lic	ensed;
	-	with all laws of the Com	_	axes; and
3. the premis	es are now open	for business (If not exp	ain below)	
SIGNED BY	Individual Par	tner or Authorized Corp	orate Officer	
	marviauur, 1 ur	ther of Hathorized Corp	orace officer	
DATE:	TEI EDU	IONE NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
	TELLI	IONE NUMBER.	(Note: NOT Individ	lual Social Security Number)
Acts of 2004, signed	by the building	are in possession (1) the ginspector and the heate of liquor liability instance.	d of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	in)			
(11 disappioved expiai	III <i>)</i>			
DATE:				·



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()47000021		CITY OF	R TOWN	GREENFIE	ELD
APPLICATION FOR F	RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS			,	YEAR
LICENSEE NAME:	SWEETHEARTS OF T	ΓHE RODEO,	INC.			
DOING BUSINESS A	MESA VERDE					
ADDRESS 10 FISKE	AVE.					
CITY/TOWN: GREE	NFIELD	STATE: M	A ZIP C	CODE:	01301	
MANAGER: MC MA	AHAN, AMY TYPE C	F LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOU	R EMAIL ADDRES	S		
DESCRIPTION OF LI	CENSED PREMISES:					
STREET FLOOR OF A FISKE AVE, KITCHE BASEMENT. ENCLO	N/DELIVERY ENTRA	ANCE, EMER				
I hereby certify and swe	ear under penalties of p	perjury that:				
1. the renewed	license will be of the	same type for	the same pren	nises now	licensed;	
	has complied with all			_	taxes; and	
3. the premises	s are now open for busing	iness (If not ex	xplain below)			
SIGNED BY	Individual, Partner or A	Authorized Co	rnorata Offic	or		
1	ilidividual, Faither of A	Aumonzeu Co	rporate Offic	CI		
DATE:	TELEDIJONE N	IIMDED.		EMPI OVER	IDENTIFICAT	ION NUMBER:
	TELEPHONE N	UMBEK:				ecurity Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspec	tor and the h	ead of the fir	e departn	nent for the	above
Please Check Below:			LOCAI	L LICENS	ING AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	.)					
DATE:						



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LICENSE NUMBER:	J47000023		CITY OR TOWN	GREENFIL	ELD
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 78 MOHA	CHINA GOURMI		ATION		
CITY/TOWN: GREE		STATE: MA	ZIP CODE:	01301	
					A11 A1 1 1
MANAGER: CHAN	G, HSIEN-FU I YP	E OF LICENSE: Re	estaurant C.	ATEGURY:	All Alcohol
EMAIL ADDRESS:	EACE ALCO VICIT OUR WE	EBSITE AND ENTER YOUR E	MAH ADDRESS		
DESCRIPTION OF LI FREE STANDING ON DINING,ADDITIONA EGRESS	NE STORY BUILD	ING, TWO MAIN			
2. the licensee 3. the premise	has complied with	• •	e same premises now monwealth relating t lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:			TION NUMBER: decurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 047000024		Cl	TY OR TOWN	GREENFI	ELD
APPLICATION FO	OR RENEWAL:	Annual	l	LICE	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 20 SCH		DGE #997 LOY	YAL OR	DER OF MOO	SE	
CITY/TOWN: GR	REENFIELD	STATE:	MA	ZIP CODE:	01301	
MANAGER: STE	EVENS, PHILIP TYP	E OF LICENS	E:Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS	i:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAII	ADDRESS		
	F LICENSED PREMIS G- MAIN FLOOR,BA		REA, BA	SEMENT STO	RAGE, GAM	Œ
I hereby certify and	swear under penalties	of perjury that:				
1. the rene	wed license will be of t	he same type fo	or the sar	ne premises nov	w licensed;	
	see has complied with nises are now open for l			_	to taxes; and	
SIGNED BY	Individual, Partner	or Authorized (Corporat	e Officer		
DATE						
DATE:	TELEPHONI	E NUMBER:				ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, sign	ed, attest that we are ed by the building ins I (2) the certificate of	pector and the	head of	the fire depar	tment for the	above
Please Check Below: APPROVED:]			LOCAL LICEN By:	SING AUTH	ORITY
DISAPPROVED: (If disapproved exp	lain)					
DATE:						
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	CENSEES DURING	THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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(CITY OR TOWN GREENFIL	ELD
Annual	LICENSED FOR 20	013
CLASS		YEAR
IDRA L. RUGGERI ARKET		
STATE: MA	ZIP CODE: 01301	
PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
SES:		
TH A STREET ENTR	ANCE AND A SIDE EXIT	
s of perjury that:		
the same type for the s	ame premises now licensed;	
n all laws of the Commo	onwealth relating to taxes; and	
business (If not explain	n below)	
r or Authorized Corpor	ate Officer	
IE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
spector and the head	of the fire department for the	above
	LOCAL LICENSING AUTHO	ORITY
	By:	
LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)
	Annual CLASS IDRA L. RUGGERI ARKET STATE: MA PE OF LICENSE: Resta EBSITE AND ENTER YOUR EMA SES: TH A STREET ENTR Is of perjury that: It he same type for the same all laws of the Common business (If not explain or or Authorized Corporation or Authorized Corporation of Authorized Corporation of Indianal Corporation of Indiana India	Annual CLASS IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 PE OF LICENSE: Restaurant CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 PE OF LICENSE: Restaurant CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 PE OF LICENSE: Restaurant CATEGORY: IDRA L. RUGGERI STATE: MA ZIP CODE: 01301 PE OF LICENSE: Restaurant CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA L. RUGGERI ARKET STATE: MA ZIP CODE: 01301 CATEGORY: IDRA STATE AND EXIT OF AND A SIDE EX



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LICENSE NUMBER: 047000026		CITY OR TOWN GREENFIL	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: 99 Restaurants	of Boston, LLC		
DOING BUSINESS A 99 Restauran	t & Pub		
ADDRESS 17 COLRAIN ROAD			
CITY/TOWN: GREENFIELD	STATE: MA	ZIP CODE: 01301	
MANAGER: REED, JASON	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF LICENSED PRI			
ONE FLOOR RESTAURANT WITH SEATING FOR 190	H A DINING AREA AND	LOUNGE, BAR AREA WITH	[
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open	n for business (If not expla	in below)	
SIGNED BY	rtner or Authorized Corpor	rata Officar	
marviduai, i a	tuler of Authorized Corpo.	rate Officer	
DATE: TELEDI	IONE MUMBER	EMPLOYER IDENTIFICAT	FION NI IMPED:
TELEPH	HONE NUMBER:	(Note: NOT Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the buildin			
named license and (2) the certifica of 2010.			
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 047000029		CITY OR TOWN GREENFI	ELD
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
DOING BUSI	AME: TABLE & VI NESS A 7 MOHAWK TRAIL	NE, INC.		
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE: 01301	
MANAGER:	MACIVER, Donald John	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
MAIN FRONT I hereby certify 1. the 2. the	renewed license will be licensee has complied	EXIT, LOADING AREA alties of perjury that: be of the same type for the	e same premises now licensed; amonwealth relating to taxes; and	FT ONE
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	2R: 04/000031		CITY OR TOWN GREEN	FIELD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES ADDRESS 124 CO	S A CALL'S CC			
CITY/TOWN: GF		STATE: MA	ZIP CODE: 01301	
				7
MANAGER: HA	BIB, SHAHID	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PR	REMISES:		
FIRST FLOOR, TH	HREE ROOMS			
I hereby certify and	l swear under per	nalties of perjury that:		
1. the rene	wed license will	be of the same type for the	ne same premises now licensed;	
2. the licer	see has complied	d with all laws of the Cor	nmonwealth relating to taxes; an	d
3. the pren	nises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Socia	a Security Number)
Please Check Below: APPROVED:]		LOCAL LICENSING AUT	HORITY
DISAPPROVED:			By:	
(If disapproved exp	olain)			
_				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 047000032		CITY OR TOWN	GREENFIE	ELD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: FRUITLAND	,INC OF GREENLFIEL	D		
DOING BUSIN	NESS A J C'S MARK	ET			
ADDRESS 259	O CONWAY ST				
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE:	01301	
MANAGER:	BEDNARSKI, BRUCE J	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRI				
		OOMS WITH AREA FO	R STORAGE		
	and swear under pena	alties of perjury that: be of the same type for th	a sama pramisas now	licensed:	
		with all laws of the Com	-		
	•	n for business (If not exp	_	, carres, arre	
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:					70111111 (DED
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(****** <u>*****</u> mu	Tridual Bookar B	county rumber)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:		By:		
(If disapproved					
· FF	* /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 04/000033		CITY OR TOWN GREEN	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
	AME: JAI AMBE, NESS A SUPER JO			
ADDRESS 14	6 FEDERAL ST			
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE: 01301	
MANAGER:	PATEL, GOVINDBHAI	TYPE OF LICENSE: P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P EL COMMERCIAL		100 SQ FT BASEMENT FOR S	STORAGE
	premises are now op	ed with all laws of the Corpen for business (If not expended)		nd
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	ΓHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	04/000034		CITY OR TOWN GREEN	FIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 271 FEDE	KIMBALL'S WINE			
CITY/TOWN: GREE		STATE: MA	ZIP CODE: 01301	
MANAGER: KIMB	ALL, TERRY TYPE	OF LICENSE: Pac	ckage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
_	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES	S:		
FIRST FLOOR APPR	OX 700 SQ FT			
I hereby certify and sw	vear under penalties of	perjury that:		
1. the renewe	d license will be of the	same type for the	same premises now licensed;	
2. the licensee	e has complied with all	laws of the Com	nonwealth relating to taxes; ar	nd
3. the premise	es are now open for bu	siness (If not expl	ain below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	ial Security Number)
Please Check Below:			LOCAL LICENSBUG AU	
APPROVED:			LOCAL LICENSING AUT. By:	IHORII Y
DISAPPROVED:			Бу.	
(If disapproved explain	n)		-	
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	04/00003/		CITY	OK TOWN	OKEENFIL	ELD
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	FOSTER'S SU	PER MARKET, I	NC.			
DOING BUSINESS A	FOSTER'S S	UPER MARKET				
ADDRESS 70 ALLEN	STREET					
CITY/TOWN: GREE	NFIELD	STATE:	MA Z	IP CODE:	01301	
MANAGER: DEAN MATT	E, HEW B.	TYPE OF LICEN	SE: Package S	Store (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		_
DESCRIPTION OF L						
ONE FLOOR WITH O ROOM, MEAT PREP THREE EXITS						
2. the licensee	l license will be has complied	e of the same type with all laws of the a for business (If no	for the same per Commonwe	alth relating		
SIGNED BY	Individual, Par	tner or Authorized	l Corporate O	fficer		
DATE:	TELEPH	IONE NUMBER:			ER IDENTIFICAT ndividual Social S	
Please Check Below: APPROVED:				CAL LICEN	ISING AUTHO	ORITY
DISAPPROVED:	7		By:			
(If disapproved explain	n)		_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	047000038		CITY OR TOWN	GREENFIELD	
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	RYAN & CASE	Y,INC			
DOING BUSINESS A	RYAN AND C	ASEY LIQUORS			
ADDRESS 55 MAIN S	ST				
CITY/TOWN: GREE	NFIELD	STATE: MA	ZIP CODE:	01301	
MANAGER: WHITE	E, PETER A T	YPE OF LICENSE: P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	IISES:			
TWO FLOORS AND OONE ROOM CELLAR AREA					
2. the licensee	has complied wi		ne same premises now namonwealth relating to plain below)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer		
					7
					_
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:				ING AUTHORITY	
DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 04/000039		CITY OR TO	WN GREEN	IELD
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		OOW VENTURES IN ACK	IC.		
ADDRESS 70 MAI	N STREET				
CITY/TOWN: GR	EENFIELD	STATE: MA	ZIP COD	DE: 01301	
MANAGER: WIN	TTERS, T LISSA	YPE OF LICENSE:	'ackage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
SINGLE BUSINESS CELLAR FOR STO		MAIN AREA FOR S	ALES WITH W	ALK IN COOLE	CR.
	ises are now open	rith all laws of the Confor business (If not ex	plain below)	ting to taxes; and	1
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LIG	CENSING AUTI	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 047000046		CITY C	R TOWN	GREENFIE	ELD
APPLICATION FO	OR RENEWAL:	Annua	1	LICEN	SED FOR 20)13
		CLASS	S			YEAR
DOING BUSINES	E: GLOBAL AME S A THE PUSHKI AIN STREET/ 4 FE	N				
CITY/TOWN: GI		STATE:		CODE:	01301	
MANAGER: WI		YPE OF LICENS			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:]
		R WEBSITE AND ENTER Y	OUR EMAIL ADDRE	ESS		
DESCRIPTION O	F LICENSED PREM	MISES:				
TWO- STORY BU	JILDING,FULL BA	SEMENT,APPRO	X 9,000 SQ F	T.		
2. the licer	weed license will be usee has complied we unises are now open to	rith all laws of the	Commonwealt	h relating to		
SIGNED BY	Individual, Part	ner or Authorized	Corporate Offi	cer		
DATE:	TELEPHO	ONE NUMBER:	(Ne			TON NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we a ned by the building d (2) the certificate	inspector and the	head of the f	ire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCA By:	L LICENS	ING AUTHO	ORITY
DATE:						



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000050		C	CITY OR T	OWN	GREENFII	ELD
NEWAL:	Annı	ıal	1	LICEN	SED FOR 20	013
	CLA	SS				YEAR
ODIES RESTA	AURANT, INC	C.				
OODIES REST	ΓAURANT					
L ST						
IELD	STATE:	MA	ZIP CO	DE:	01301	
OU, TY	PE OF LICEN	SE:Resta	urant	CA	ATEGORY:	Wine and Malt Regular
ALSO VISIT OUR W	EBSITE AND ENTE	R YOUR EMAI	L ADDRESS			_
				SQ FT	ON EACH	LEVEL,
under penaltie	s of perjury tha	at:				
ense will be of	the same type	for the sa	me premis	es now	licensed;	
complied with	n all laws of th	e Commo	nwealth rel	lating to	taxes; and	
e now open for	business (If n	ot explain	below)			
ividual, Partner	r or Authorize	d Corpora	te Officer			
TELEPHON	NE NUMBER:					
			(Note: <u>r</u>	NOT Ind	ividual Social S	Security Number)
he building in	spector and t	he head o	f the fire o	lepartr	nent for the	above
			LOCAL L	ICENS	ING AUTH	ORITY
			By:			
	DODIES RESTANDODIES RESTANDODIES RESTANDED DU, TY EALSO VISIT OUR WINSED PREMIT ONE STORY ON EAST AN under penaltie ense will be of a complied with the now open for ividual, Partner it in the building in the building in	NEWAL: Annu CLA ODIES RESTAURANT, INCODIES RESTAURANT L ST IELD STATE: OU, TYPE OF LICEN EALSO VISIT OUR WEBSITE AND ENTER NSED PREMISES: ONE STORY BLDG WITH ON EAST AND WEST SIDE under penalties of perjury that ense will be of the same type is complied with all laws of the e now open for business (If no ividual, Partner or Authorized TELEPHONE NUMBER:	CLASS ODIES RESTAURANT, INC. DODIES RESTAURANT L ST IELD STATE: MA OU, TYPE OF LICENSE: Resta CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAINSED PREMISES: ONE STORY BLDG WITH BASEMION EAST AND WEST SIDE. SEATS under penalties of perjury that: ense will be of the same type for the same is complied with all laws of the Commone now open for business (If not explain it is invidual, Partner or Authorized Corporatividual, Partner or Authorized Corporat	CLASS ODIES RESTAURANT, INC. OODIES RESTAURANT L ST IELD STATE: MA ZIP CO DU, TYPE OF LICENSE: Restaurant CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: ONE STORY BLDG WITH BASEMENT, 1366 ON EAST AND WEST SIDE. SEATS 24 under penalties of perjury that: ense will be of the same type for the same premis to complied with all laws of the Commonwealth relie now open for business (If not explain below) TELEPHONE NUMBER: EMI (Note: 1) TELEPHONE NUMBER: Est that we are in possession (1) the certificate the building inspector and the head of the fire of the certificate of liquor liability insurance required.	CLASS ODIES RESTAURANT, INC. DODIES RESTAURANT L ST IELD STATE: MA ZIP CODE: OU, TYPE OF LICENSE: Restaurant CA CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: ONE STORY BLDG WITH BASEMENT, 1366 SQ FT ON EAST AND WEST SIDE. SEATS 24 under penalties of perjury that: ense will be of the same type for the same premises now a complied with all laws of the Commonwealth relating to the now open for business (If not explain below) ividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER (Note: NOT Industrial Control of the Seat Control of	CLASS CODIES RESTAURANT, INC. COODIES RESTAURANT L ST THELD STATE: MA ZIP CODE: 01301 DU, TYPE OF LICENSE: Restaurant CATEGORY: CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: ONE STORY BLDG WITH BASEMENT, 1366 SQ FT ON EACH ON EAST AND WEST SIDE. SEATS 24 under penalties of perjury that: ense will be of the same type for the same premises now licensed; a complied with all laws of the Commonwealth relating to taxes; and enow open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social State that we are in possession (1) the certificate required by Chapte the building inspector and the head of the fire department for the e certificate of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTH



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04/0000	151	CITY OR TOWN GREENFIELD				
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR 2013				
	CLASS		YEAR			
LICENSEE NAME: THE FR	ANKLIN COUNTY BREWIN	NG CO.,INC				
DOING BUSINESS A THE P	EOPLE'S PINT					
ADDRESS 24 FEDERAL ST						
CITY/TOWN: GREENFIELI	STATE: MA	ZIP CODE:	01301			
MANAGER: BOOTH, ALD	EN TYPE OF LICENSE: R	estaurant CAT	TEGORY: Wine and Malt Regular			
EMAIL ADDRESS:						
PLEASE ALSO) VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF LICENSE	D PREMISES:					
1825 SQ FT STREET LEVEL IN REAR, TWO ENTRANCE STORAGE AND OFFICE. SI	S, ONE IN REAR. BASEMEN					
2. the licensee has cor	er penalties of perjury that: will be of the same type for the mplied with all laws of the Con w open for business (If not exp	nmonwealth relating to t				
SIGNED BY Individu	nal, Partner or Authorized Corp	porate Officer				
DATE:	ELEPHONE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:			
		(Note: NOT Indivi	idual Social Security Number)			
We the undersigned, attest to Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and the hea	ad of the fire departme	ent for the above			
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY			
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:		-				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/000055		CITYOR	IOWN	GREENFI	ELD
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: A DOING BUSINESS A		Γ & SUZETTI	E M. GUILME	Τ		
ADDRESS 402 FEDE	RAL STREET					
CITY/TOWN: GREE	NFIELD	STATE: N	IA ZIP C	ODE:	01301	
MANAGER: GUILM E M.	IET,SUZETT TYPE (OF LICENSE	Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LI						
LARGE ROOM AT EAEND, SALES, STORA						RLY
2. the licensee 3. the premises SIGNED BY	license will be of the has complied with all s are now open for bus	laws of the C	ommonwealth (explain below)	relating t		
DATE:	TELEPHONE N	IUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED:				LICENS	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047000058		CITY OR TOWN	GREENFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: WAH SENG INC DOING BUSINESS A NEW FORTUN		JRANT		
ADDRESS 249 MOHAWK TRAIL				
CITY/TOWN: GREENFIELD	STATE: MA	ZIP CODE:	01301	
MANAGER: DO, LILLIAN TY	PE OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	f the same type for the th all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04/000	J 59	CITY OR TOWN GREENFI	IELD
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: WPV V			
DOING BUSINESS A Harpe	r's Store		
ADDRESS 404 COLRAIN R)		
CITY/TOWN: GREENFIEL	D STATE: MA	A ZIP CODE: 01301	
MANAGER: Valvo, William	n P. Jr. TYPE OF LICENSE: P	Package Store CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
ONE STORY WOOD INTER	IOR CONVENIENCE STOR	Е	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	he same premises now licensed;	
2. the licensee has con	nplied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are no	w open for business (If not ex	plain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Cor	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
Disease Cheels Deleger			
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	HORITY
DISAPPROVED:		By:	
(If disapproved explain)			
-			
DATE:			



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LICENSE NUMBER	: 04/000060		CITY OR I	OWN	GREENFIL	LD
APPLICATION FOR	RENEWAL:	Annual	J	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	Winterland Cou	ntry Club, LLC				
DOING BUSINESS A	A Winterland Co	untry Club				
ADDRESS 76 Hope S	St					
CITY/TOWN: GRE	ENFIELD	STATE: MA	ZIP CO	DE:	01301	
MANAGER: Poirie	r, Joseph A. Jr T	YPE OF LICENSE: Ge	eneral on emise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS			J
DESCRIPTION OF L	ICENSED PREM	MISES:				
Indoor golf center, loc	cated in 38x66 ro	om on suoth end of firs	t floor of a tw	o story	building	
I hereby certify and sv	wear under penalt	ies of perjury that:				
1. the renewe	ed license will be	of the same type for the	same premis	es now	licensed;	
2. the license	e has complied w	ith all laws of the Com	monwealth re	lating to	taxes; and	
3. the premise	es are now open :	for business (If not expl	ain below)			
SIGNED BY DATE:		ner or Authorized Corp		DI OVEE	DIDENTIFICAT	ION NUMBER:
21112.	TELEPHO	ONE NUMBER:				ecurity Number)
Acts of 2004, signed	by the building	are in possession (1) the inspector and the hear of liquor liability insu	d of the fire o	departı	nent for the	above
Please Check Below:			LOCAL L	ICENS	ING AUTHO	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: (If disapproved explain	 in)					
(11 disappioved explai	<i>)</i>					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED B	Y LICENSEES DURING THE M	MONTH OF NOVE	MBER (M	I.G.L. Ch. 138 \$ 16	5A)



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	CITY OR TOWN GREENF	IELD
Annual	LICENSED FOR	2013
CLASS		YEAR
NGER		
STATE: MA	ZIP CODE: 01301	
PE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
ORAGE IN BASEME	NT	
s of perjury that:		
the same type for the s	same premises now licensed;	
h all laws of the Comm	onwealth relating to taxes; and	I
business (If not explain	in below)	
r or Authorized Corpor	rate Officer	
NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
spector and the head	of the fire department for th	e above
	LOCAL LICENSING AUTH	HORITY
	By:	
LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)
	Annual CLASS NGER STATE: MA PE OF LICENSE: Rest EBSITE AND ENTER YOUR EM SES: ORAGE IN BASEME S of perjury that: It the same type for the sen all laws of the Comm To business (If not explain or or Authorized Corporation or Authorized Corporation of Parish (In the Spector and the head of liquor liability insuration).	Annual CLASS NGER STATE: MA ZIP CODE: 01301 PE OF LICENSE: Restaurant CATEGORY PEBSITE AND ENTER YOUR EMAIL ADDRESS SES: ORAGE IN BASEMENT s of perjury that: It he same type for the same premises now licensed; an all laws of the Commonwealth relating to taxes; and is business (If not explain below) To or Authorized Corporate Officer WE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social et in possession (1) the certificate required by Chapter 13 LOCAL LICENSING AUTHORS)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 047000062		CITY OR TOWN	GREENFIE	ELD			
APPLICATION	N FOR RENEWAL:	Annual	nual LICENSED FOR 2013					
		CLASS			YEAR			
LICENSEE NA	AME: CIRCLE K M	ASSACHUSETTS LLC						
DOING BUSIN	NESS A CIRCLE K							
ADDRESS 223	3 MOHAWK TRAIL							
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE:	01301				
MANAGER:	SEREDEJKO, DAVID M.	TYPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular			
EMAIL ADDR	RESS:							
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS					
	N OF LICENSED PR							
		ORE WITH SELF SER'	VICE RETAIL GAS S	TATION.				
-	=	alties of perjury that: be of the same type for t	ha sama promisas nav	liconsod:				
		I with all laws of the Co	_					
	_	en for business (If not ex	_	o taxes, and				
SIGNED BY								
	Individual, Pa	artner or Authorized Con	porate Officer					
DATE:	TELEP	HONE NUMBER:			ION NUMBER:			
			(Note: NOT Ind	ividual Social S	ecurity Number)			
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY			
APPROVED:			By:					
DISAPPROVE								
(If disapproved	схріаш)							
DATE:								



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047000064		CITY OR TOWN	GREENFIE	LD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: A. RUGGERI & SONS, I	NC.			
DOING BUSINESS A				
ADDRESS 126 DEERFIELD STREET				
CITY/TOWN: GREENFIELD ST.	ATE: MA	ZIP CODE:	01301	
MANAGER: RUGGERI, TYPE OF I MICHAEL F.	LICENSE: Pack	cage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY BUILDING WITH BASEMENT; SALES;BASEMENT FOR STORAGE.	GROUND LE	VEL FLOOR FOR	RETAIL	
 the renewed license will be of the sam the licensee has complied with all law the premises are now open for busines 	s of the Comm	onwealth relating to		
SIGNED BY Individual, Partner or Auth	horized Corpor	rate Officer		
DATE: TELEPHONE NUM	IBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUI	MBER: 047000066		CITY OR TOWN GREENFIELD		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NA	AME: GLOBAL AMI	ERICAN TELEVISION	INC,		
DOING BUSI	NESS A				
ADDRESS 28	5-291 MAIN STREET				
CITY/TOWN:	GREENFIELD	STATE: MA	ZIP CODE: 01301		
MANAGER:	WIERZBOWSKI, EDWARD	TYPE OF LICENSE:Re	staurant CATEGOR	Y: All Alcohol	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
-	N OF LICENSED PRE				
FIRST FLOOF PER FLOOR.	R AND BASEMENT O	F FOUR-STORY BUIL	DING,APPROXIMATLEY 4,	,000 SQ. FT.	
	and swear under pena	Ities of perjury that:			
1. the	renewed license will be	of the same type for the	same premises now licensed;		
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; ar	nd	
3. the	premises are now open	for business (If not expl	ain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note. NOT marvidual Soci	ai Security Number)	
Acts of 2004,	signed by the building	g inspector and the hea	e certificate required by Cha d of the fire department for t trance required by Chapter 1	the above	
Please Check Belo	ow:		LOCAL LICENSING AUT	THORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiaiii)				
DATE:					



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LICENSE NUMBER: 04700006	8	CITY OR TOWN GREENFIELD		
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	2013	
	CLASS		YEAR	
LICENSEE NAME: HOLE PI	E,INC.			
DOING BUSINESS A MAGPII	3			
ADDRESS 21-23 BANK ROW				
CITY/TOWN: GREENFIELD	STATE: MA	ZIP CODE: 01301		
MANAGER: WULFKUHLE, EVELYN	TYPE OF LICENSE: Rest	taurant CATEGORY:	All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
TWO STREET LEVEL STORE BASEMENT, ATTACHED OU		RY BUILDING,STORAGE IN		
I hereby certify and swear under	penalties of perjury that:			
1. the renewed license w	vill be of the same type for the s	same premises now licensed;		
2. the licensee has comp	olied with all laws of the Comm	onwealth relating to taxes; and		
3. the premises are now	open for business (If not expla-	in below)		
SIGNED BY				
Individual	l, Partner or Authorized Corpor	rate Officer		
D 4 700				
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social		
		(Note: NOT marvidual Social	Security Number)	
We the undersigned, attest that Acts of 2004, signed by the built named license and (2) the certification of 2010.	ilding inspector and the head	of the fire department for the	e above	
Please Check Below:		LOCAL LICENSING AUTH	IORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 04/000070		CITY OR TOWN GREEN	IELD	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME DOING BUSINES: ADDRESS 100 MG	S A LIPTONMART				
CITY/TOWN: GF		STATE: MA	ZIP CODE: 01301		
				W. W. and	
MANAGER: LIP	TON, MICHAEL TYPE O	r LICENSE: Pac	ckage Store CATEGORY	Wine and Malt Regular	
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISES:				
ONE STORY BLD	G.2495 SQ.FT. CONVENI	ENT STORE/C	SAS STATION		
I hereby certify and	swear under penalties of p	erjury that:			
1. the rene	wed license will be of the sa	ame type for the	same premises now licensed;		
2. the licer	see has complied with all la	aws of the Com	nonwealth relating to taxes; and		
3. the pren	nises are now open for busing	ness (If not expl	ain below)		
SIGNED BY					
SIGNED BT	Individual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIFICA	ATION NUMBER:	
			(Note: NOT Individual Social	Security Number)	
DI CI I DI					
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY		
DISAPPROVED:			By:		
(If disapproved exp	lain)				
(
DATE:					